

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003414

Entity Name: NEUROSCIENCE AND SPINE ASSOCIATES, P.L.**Current Principal Place of Business:**1660 MEDICAL BLVD.
SUITE 200
NAPLES, FL 34110**Current Mailing Address:**3451 PINE RIDGE ROAD
BUILDING 601
NAPLES, FL 34109 US**FEI Number:** 65-0703990**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VICKERS, MICHAEL J. MD
1660 MEDICAL BLVD.
SUITE 200
NAPLES, FL 34110 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MICHAEL J. VICKERS, M.D.

01/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name VICKERS, MICHAEL J M.D.
Address 1660 MEDICAL BLVD.
200
City-State-Zip: NAPLES FL 34110

Title MANAGING MEMBER
Name GERBER, MARK B M.D.
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name NOVAK, MICHAEL D. M.D.
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name HUSSEY, F. DESMOND III M.D.
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name LEVY-REIS, IGOR M.D.
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name WEY, CHRISTOPHER M.D.
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name HAVIG, MICHAEL M.D.
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name AENLLE, LISA M.D.
Address 3451 PINE RIDGE ROAD
BUILDING 601
City-State-Zip: NAPLES FL 34109

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J VICKERS, MD

MANAGING MEMBER

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGING MEMBER
Name RICHARD, PAUL M.D.
Address 3451 PINE RIDGE ROAD
 BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name JOYNER, PATRICK W. M.D.
Address 3451 PINE RIDGE ROAD
 BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name DITTY, BENJAMIN M.D.
Address 3451 PINE RIDGE ROAD
 BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name PATEL, CHIRAG S M.D.
Address 3451 PINE RIDGE ROAD
 BUILDING 601
City-State-Zip: NAPLES FL 34109

Title MANAGING MEMBER
Name FRENKEL, MARK B M.D.
Address 3451 PINE RIDGE ROAD
 BUILDING 601
City-State-Zip: NAPLES FL 34109